II. Nature of the Problem

A. Consumption Trends

National indicators have shown a general increase over the last decade in the use of certain synthetic drugs, particularly among youth and young adults. However, recent data indicate that this trend may be changing for the better as part of broad reductions in teen drug use. Hospital statistics reflecting the adverse consequences of drug use as measured by the number of medical emergency mentions were statistically unchanged for all synthetic drugs except PCP from 2000 to 2002, yet long-term data reflect significant increases in emergencies involving a number of synthetic drugs.[4] Furthermore, in 2001 individuals age 25 and younger were involved in a disproportionate number of such emergencies involving MDMA, GHB, and LSD, and nearly three out of four emergency room episodes involving these three drugs also involved alcohol or another major substance of abuse.[5] More encouraging news is found in the 2003 Monitoring the Future (MTF) study, which reported a decline in the use of illicit drugs by teenagers, including the second consecutive year of major reductions in the use of MDMA, along with substantial decreases in the use of LSD.[6]

1. Methamphetamine

Figure 1: The appearance of methamphetamine varies with the production process. Scientific and chemical journals list more than 150 processes for methamphetamine production, along with an undetermined number of processes developed by clandestine chemists. Shown here are some of the most common forms of illicit methamphetamine.

Source: ©Drug Identification Bible

Additional forms of methamphetamine found on the street. The photo at top left shows a form often referred to as "chalk." Green food coloring has been added to the meth in the photo at left, either to disguise the drug or identify it with the distributor's trademark.

Source: ©Drug Identification Bible

The level of methamphetamine use in the United States has been rising among adults and declining among adolescents over the last several years. Over 12 million Americans have used methamphetamine in their lifetimes, according to the 2003 National Survey on Drug Use and Health, including an estimated 1.3 million past-year users. The mean age of the approximately 326,000 new methamphetamine users in 2001 was 18.7, and about 50 percent of the users were under the age of 18.

PERCENTAGE REPORTING METHAMPHETAMINE USE
2003 NATIONAL SURVEY ON DRUG USE AND HEALTH

Age	Lifetime	Annual	Past 30 Days
12–17	1.3%	0.7%	0.3%
18–25	5.2	1.6	0.6
26+	5.7	0.4	0.2
12+ (Total)	5.2	0.6	0.3

Figure 2: 2003 NSDUH Survey Results for Methamphetamine Use

According to the 2003 Monitoring the Future study, there has been significant progress against methamphetamine use in the critical teenage segment of the population. The overall decline in use since questions regarding methamphetamine were first added to the study in 1999 is unmistakable—the rate of past-year methamphetamine use (also known as the "annual rate") dropped between 1999 and 2003 from 3.2 percent to 2.5 among 8th graders, from 4.6 percent to 3.3 percent among 10th graders, and from 4.7 percent to 3.2 percent among 12th graders.

PERCENTAGE REPORTING METHAMPHETAMINE USE
2003 MONITORING THE FUTURE STUDY

Grade	Lifetime	Annual	Past 30 Days
8th Grade	3.9%	2.5%	1.2%
10th Grade	5.2	3.3	1.4
12th Grade	6.2	3.2	1.7

Figure 3: 2003 Monitoring the Future Results for Methamphetamine Use

The number of emergency room drug episodes involving methamphetamine increased from 13,505 in 2000 to 17,696 in 2002. Methamphetamine mentions occurred in approximately 3 percent of all emergency room drug episodes in 2002.[7] Previously, medical examiners participating in the 1999 Drug Abuse Warning Network (DAWN) survey mentioned methamphetamine in connection with 6 percent of all drug-related deaths and 8 percent of such deaths involving 18-25 year olds, and between 1994 and 1998 participating medical examiners associated a total of 2,601 deaths with methamphetamine use.

EMERGENCY DEPARTMENT SYNTHETIC DRUG MENTIONS (DAWN)

Year	Methamphetamine	MDMA	GHB	Ketamine
1994	17,537	253	56	19
1995	15,933	421	145	…
1996	11,002	319	638	81
1997	17,154	637	762	…
1998	11,486	1,143	1,282	209
1999	10,447	2,850	3,178	396
2000	13,505	4,511	4,969	263
2001	14,923	5,542	3,340	679
2002	17,696	4,026	3,330	260

Figure 4: DAWN Synthetic Drug Mentions, 1994-2002

Preliminary findings from urinalysis tests show high rates of recent methamphetamine use among adult arrestees in many urban areas in the West and Midwest in 2002. Positive test rates for methamphetamine use ranged between 20-31 percent for male arrestees and between 12-42 percent for female arrestees in Des Moines, Omaha, Phoenix, Portland, Salt Lake City, San Diego, and San Jose. In major cities in the eastern United States, positive test rates for adult arrestees were much lower.[8]

ADULT ARRESTEES TESTING POSITIVE FOR METHAMPHETAMINE (%) (ADAM)

Primary City	2000		2001		2002	
	Male	Female	Male	Female	Male	Female
Des Moines, IA	18.6	20.5	22.0	27.5	20.2	24.0
Honolulu, HI	35.9	47.2	37.4	36.1	44.8	50.0
Omaha, NE	11.0	13.2	15.6	10.3	21.0	12.0
Phoenix, AZ	19.1	24.1	25.3	32.3	31.2	41.7
Portland, OR	21.4	23.5	20.4	20.4	21.9	22.7
Salt Lake City, UT	17.1	28.9	17.2	18.8	21.9	37.7
San Diego, CA	26.3	28.7	27.9	37.4	31.7	36.8
San Jose, CA	21.5	40.0	30.2	38.2	29.9	42.8

Figure 5: ADAM Testing Results for Methamphetamine, 2000-2002

Although methamphetamine use is spreading eastward, it is still somewhat regionally concentrated in the West, Midwest, and parts of the South. In some states, such as Hawaii, local trends outstrip the wider regional and national norms. Methamphetamine currently stands out as the greatest drug threat to society in Hawaii. There are growing concerns in Hawaii regarding crystallized methamphetamine (called "ice") addiction rates in particular. Drug treatment facility admissions for methamphetamine use climbed by more than 300 percent in Hawaii from 1993 to 2000. Methamphetamine use also shows a high correspondence to the commission of crime in Hawaii; more than 44 percent of adult males and 50 percent of adult females arrested in Honolulu in 2002 tested positive for the drug. Moreover, there were 62 methamphetamine-related deaths in Honolulu in 2002, up from 27 in 1998.[9]

2. MDMA/Ecstasy

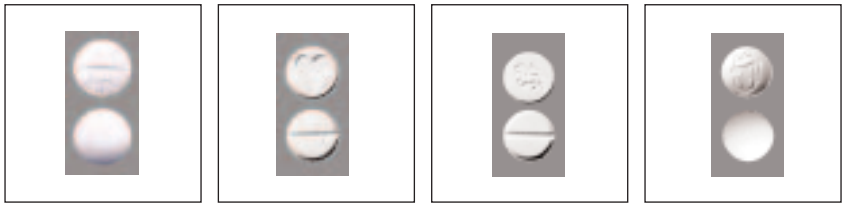

Figure 6: A close-up of the imprints on four MDMA tablets seized in 2001. Ecstasy manufacturers often stamp their products with familiar logos or other images designed to entice young people.

Source: Wyoming Highway Patrol

MDMA use, which increased sharply between 1995 and 2000, is declining. The 2003 National Survey on Drug Use and Health estimated that 10.9 million individuals age 12 and over had tried MDMA during their lifetime. The Survey estimated that 1 million individuals tried MDMA for the first time in 2002, a significant decline from the 1.7 million new users in 2001 and 2000.

PERCENTAGE REPORTING MDMA USE
2003 NATIONAL SURVEY ON DRUG USE AND HEALTH

Age	Lifetime	Annual	Past 30 Days
12–17	2.4	1.3	0.4
18–25	14.8	3.7	0.7
26+	3.1	0.3	0.1
12+ (Total)	4.6	.9	0.2

Figure 7: 2003 NSDUH Survey Results for MDMA Use

MDMA use by high school students declined for the second year in a row, according to the 2003 Monitoring the Future study. The Monitoring the Future high school survey indicated increased annual MDMA use between 1999 and 2001: from 1.7 percent to 3.5 percent among 8th graders, from 4.4 percent to 6.2 percent among 10th graders, and from 5.6 percent to 9.2 percent among 12th graders. In contrast, annual MDMA use rates for high school students in 2003 were 2.1 percent among 8th graders, 3.0 percent among 10th graders, and 4.5 percent among 12th graders. These reductions were accompanied by significant declines in the rates of past-month MDMA use across all three grades in 2003 as well, and the lifetime use of MDMA dropped 32 percent, from 8.0 percent to 5.5 percent.

PERCENTAGE REPORTING MDMA USE
2003 MONITORING THE FUTURE STUDY

Grade	Lifetime	Annual	Past 30 Days
8th Grade	3.2%	2.1%	.7%
10th Grade	5.4	3.0	1.1
12th Grade	8.3	4.5	1.3

2003 Monitoring the Future Results for MDMA Use

According to DAWN statistics, the number of emergency room drug episodes involving MDMA remained relatively stable between 2001 and 2002, with 5,542 mentions in 2001 and 4,026 mentions in 2002. However, the number of mentions in 2001 represents a 95 percent increase in the number of mentions since 1999 and almost a 22-fold increase over the estimated 253 MDMA mentions in 1994. Although less than one-third of all emergency room drug episodes in 2002 involved persons age 25 or younger, approximately 75 percent of emergency room MDMA episodes involved such individuals. The 2002 DAWN statistics also indicate that marijuana was mentioned in nearly 40 percent of emer-

gency department visits involving MDMA,[10] and the Community Epidemiology Work Group (CEWG) report from June 2002 noted that the annual number of deaths associated with MDMA may be increasing as well, although the mortality numbers remain low.[11]

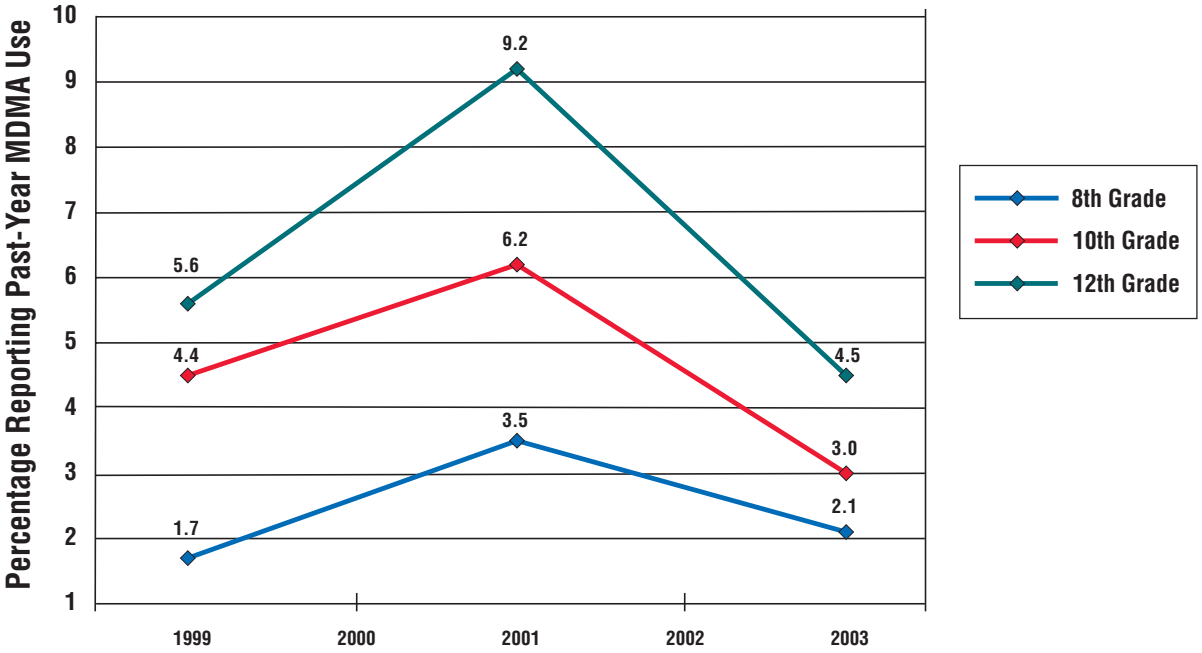

Figure 8: 2003 Monitoring the Future Results and Trends for MDMA Use

3. Other Club Drugs

GHB is the club drug which is most often associated with date rape. A capful can be slipped undetected into a beverage to incapacitate a victim. There were 3,330 GHB mentions in emergency room drug episodes in 2002, a figure that remained stable in comparison with the 3,340 GHB mentions in 2001. However the number of emergency room episodes associated with GHB in 2002 represents a one-third decrease from the 4,969 mentions in 2000. Like other club drugs, GHB is mostly used by young people, as reflected in DAWN statistics for 2002 showing that although less than one-third of all emergency room drug episodes that year involved individuals age 25 or younger, approximately 56 percent of emergency room GHB episodes involved such individuals.[12] Nonetheless, GHB use among high school students has shown little change since it was first measured in the Monitoring the Future survey in 2000. Annual prevalence rates in 2003 for students in grades 8, 10, and 12 are estimated at 0.9 percent, 1.4 percent, and 1.4 percent, respectively.[13]

The use of flunitrazepam (Rohypnol), which is associated with drug-facilitated sexual assault, appears to be on the decline. The Monitoring the Future survey estimates past-year Rohypnol use among 8th, 10th, and 12th graders in 2003 to be 0.5 percent, 0.6 percent, and 1.3 percent respectively. Rohypnol use among 8th, 10th, and 12th graders in 2002 was 0.3 percent, 0.7 percent, and 1.6 percent respectively.

Ketamine retains a small but persistent hold as a club drug used by young people. The Monitoring the Future study estimates the annual prevalence of ketamine use in 2003 for 8th, 10th, and 12th

graders at 1.1 percent, 1.9 percent, and 2.1 percent, respectively. There has been little change in these figures since 2000, when questions regarding ketamine use were first included in the survey. According to DAWN statistics, there were 260 ketamine mentions in emergency room drug episodes in 2002. Although less than one-third of all emergency room drug episodes in 2002 involved persons 25 and younger, approximately 68 percent of emergency room ketamine episodes involved such persons.[14]

Figure 9: **Rohypnol:** Although Rohypnol is illegal in the U.S., the drug is legally prescribed in some foreign countries. **GHB:** GHB is found in both powder and liquid form. **Ketamine:** Ketamine is available as a powder and in liquid injectible form. The drug is commonly stolen from veterinary clinics.

Source: DEA Museum

4. Other Synthetic Drugs and Diverted Pharmaceuticals

Non-medical use of addictive prescription drugs has been increasing throughout the United States at alarming rates. According to the National Survey on Drug Use and Health, in 2002, an estimated 6.2 million Americans reported past month use of prescription drugs for non-medical purposes. Nearly 14 percent of youth between the ages of 12 and 17 have used such drugs, which include pain relievers, sedatives/tranquilizers, or stimulants, for non-medical purposes at some point in their lives. Emergency room visits associated with narcotic pain relievers have increased 163 percent since 1995. The Administration already engages Federal, state, and local officials; the medical community; and businesses working in the area of Internet commerce to prevent and stop the illegal sale, diversion, and abuse of prescription pshychotherapeutic drugs. However, increased efforts are required in this area.

Oxycodone, particularly in the controlled release form of OxyContin, is a growing drug problem throughout the nation. Although the rate of non-medical use of oxycodone is still considered relatively low compared to major drugs of abuse on a national basis, there is evidence of an emerging problem in

many communities, particularly rural locales with limited public health and law enforcement resources. The estimated number of persons over age 12 who have illicitly used oxycodone rose from 221,000 to 399,000 between 1999 and 2000.[15] DAWN statistics for emergency room drug episodes involving prescription drugs containing oxycodone increased 22 percent from 18,409 mentions in 2001 to 22,397 mentions in 2002. This 2002 figure also represents a 107 percent increase over the 10,825 emergency room mentions in 2000 and a 450 percent increase over the roughly 4,000 mentions in 1994.[16] Monitoring the Future surveyed OxyContin use in 2003 and found annual prevalence rates for grades 8, 10, and 12 of 1.7 percent, 3.6 percent, and 4.5 percent, respectively.

The hallucinogen PCP continues to be used, often mixed with marijuana, and is reported at elevated levels in the emergency department data for certain cities in the DAWN network, including Chicago, Los Angeles, Philadelphia, and Washington, D.C. The Community Epidemiology Working Group has also found indications of increased PCP use in Phoenix and Texas as well. The estimated 7,648 PCP mentions in emergency room drug episodes in 2002 represent an increase of approximately 109 percent in the number of mentions since 1999.[17] Of the persons age 12 or over who first used PCP each year between 1994 and 1999 (estimated at 82,000 in 1994 and 151,000 in 1999), at least 60 percent were age 12-17. During that period the mean age of initiation dropped from 16.8 to 15.8 as well.[18] The 2003 Monitoring the Future study estimated an annual prevalence rate for PCP use among 12th graders of 1.3 percent.

Following a decline in use in the 1970s, LSD use was level in the late 1980s but began to increase between 1991 and 1996. Over the last two years, however, LSD use has fallen steeply to the lowest levels since Monitoring the Future data collection began.[19] For example, the annual prevalence rate for 12th graders, which peaked at 8.8 percent in 1996, was down to 1.9 percent in 2003; prevalence rates declined for 8th and 10th graders as well. Lifetime use of LSD fell 43 percent, from 6.6 percent to 3.7 percent. Moreover, the number of LSD mentions in emergency room drug episodes in 2002 dropped to 891 from 5,126 mentions in 1999. DAWN statistics indicate that although less than one-third of all emergency room drug episodes in 2002 involved persons age 25 or younger, approximately 76 percent of the emergency room LSD episodes involved such individuals.[20]

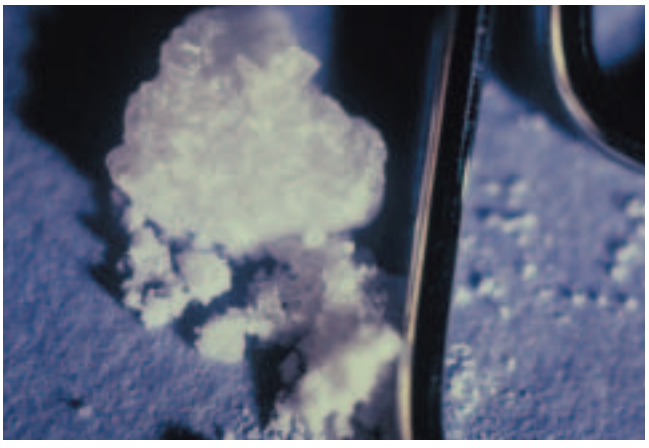

Figure 10: Pure PCP, as pictured here, is a white, odorless crystal with a metallic or bitter taste. Because of impurities resulting from makeshift manufacturing procedures, the color of much of the crystal PCP on the street will vary from tan to brown.

Source: ©Drug Identification Bible

Figure 11: LSD crystals next to the point of a needle. When exposed to air, light, or heat, LSD will degrade and darken, eventually turning black. Purer forms of LSD are white or semi-clear in color.

Source: ©Drug Identification Bible

B. Trafficking Trends[21]

1. Methamphetamine

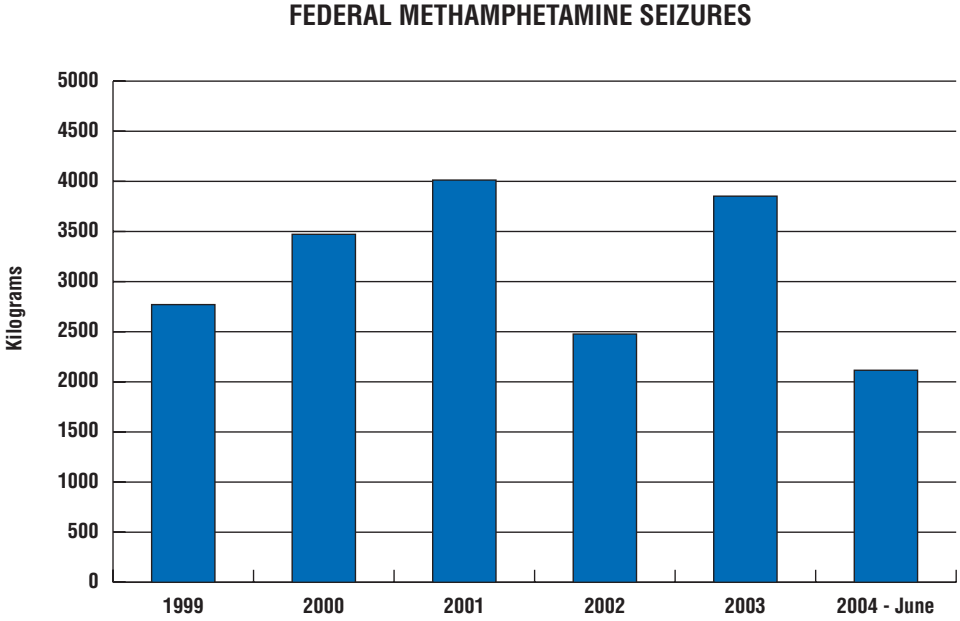

Figure 12: Federal Methamphetamine Seizures

Although both domestic and U.S.-Mexico border seizures have increased in three of the last four years and are a continuing concern, the surge in domestic lab seizures is particularly troubling (see Figure 13, next page). Methamphetamine accounts for about 96 percent of all clandestine drug laboratory seizures in the United States. The number of reports of domestic methamphetamine lab seizures continued to rise in 2003, with the Drug Enforcement Administration's (DEA) El Paso Intelligence Center (EPIC) receiving reports of more than 10,000 lab seizures, compared to the 9,193 seizures reported for 2002.[22] EPIC reported almost 5,000 labs seized in the first six months of 2004. The great majority of methamphetamine labs—over 95 percent in 2002—are seized and investigated by state and local law enforcement. California remains the state with the highest methamphetamine production levels. Hundreds of clandestine methamphetamine labs are seized in California each year.[23] Moreover, the large "super labs" in California, capable of producing more than ten pounds of methamphetamine per cycle, are responsible for the production of most of the methamphetamine trafficked illegally in the United States, despite a dramatic increase in the number of smaller, independent clandestine methamphetamine laboratories operating in the Midwest. Missouri leads the nation with over one thousand seizures of these smaller labs in 2003, and the number of labs seized in Arkansas, Oklahoma, and Tennessee tripled between 2000 and 2003.

The methamphetamine trade is controlled largely by well-organized Mexican crime groups that operate within a system of flexible alliances. Indeed, most of the large super labs in California are run by organizations with ties to Mexico. However, outlaw motorcycle gangs are gaining a larger share of domestic methamphetamine trafficking. Prices for methamphetamine vary greatly by locality, ranging between $20-$300 per gram across the 48 contiguous states.

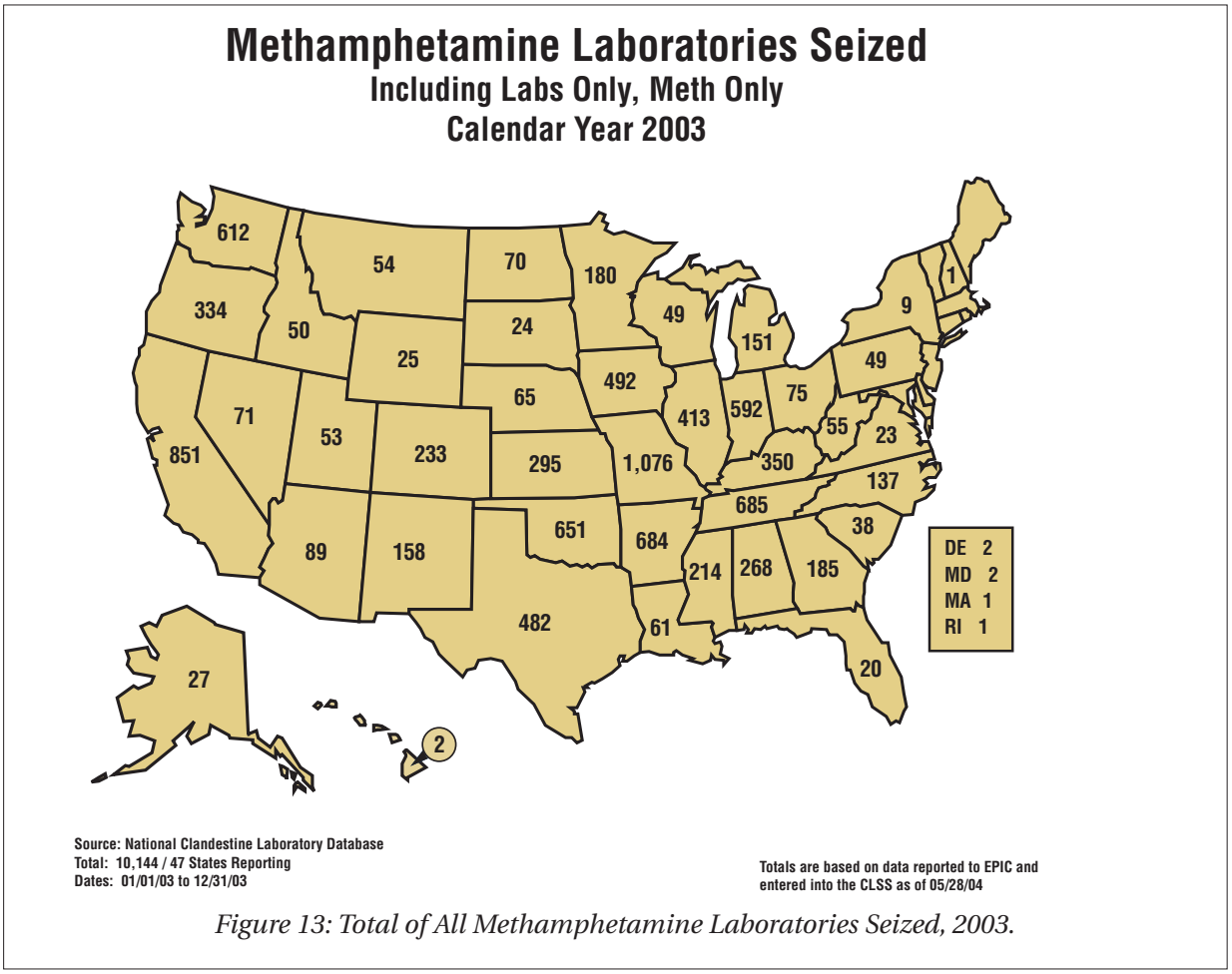

Figure 13: Total of All Methamphetamine Laboratories Seized, 2003.

High-purity, crystallized "ice" methamphetamine remains prevalent in Hawaii, but law enforcement has noted an increased market preference for ice methamphetamine on the U.S. mainland as well, and more is being produced to meet this demand. There are indications that ice methamphetamine may also be flowing into the United States directly from Asia and Mexico. In Honolulu, ice methamphetamine sells for $200-$400 per gram.

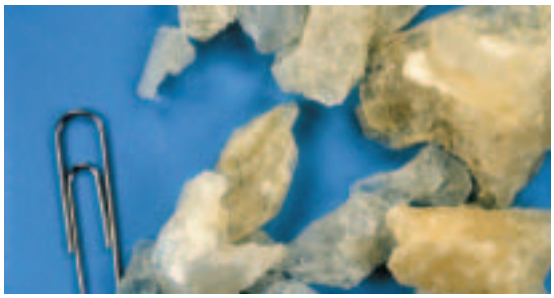

Figure 14: "Ice" is a purified form of methamphetamine that is ingested by smoking. Frequently described as resembling broken glass or shattered ice, the drug is essentially odorless and has a hard texture. Its purity is generally very high, often exceeding 90 percent.

Source: ©Drug Identification Bible

The trafficking of methamphetamine creates numerous hazards for the communities where it is produced. Officials estimate that for every pound of methamphetamine produced in a clandestine laboratory, approximately 5-6 pounds of toxic by-products are generally left over, with as much as ten pounds of toxic waste remaining in some cases.

Methamphetamine cooks bury the leftover chemical waste in the soil or dump it into septic systems or streams in rural areas, or into the plumbing when staying at hotels or rental homes. The toxic waste dumped into the soil or streams can then make

its way into the water table. Law enforcement officials discovered over 3,600 methamphetamine lab dumpsites in 2003 alone.24

The cleanup operation following the discovery of a dump or clandestine laboratory site is typically an extremely expensive endeavor. The initial cleanup of a site includes removing the chemicals and any leftover cooking equipment. These costs are typically covered by state, local, or federal government and average almost $2,700 per cleanup operation in California; DEA-funded cleanups average roughly $1,900 nationwide. Secondary cleanup entails removing contaminated soil and razing contaminated buildings, and funding the job is often left to the landowner. In some states liens are also placed on the property until the contamination is remediated. When combined with the opportunity cost of an affected property being legally condemned or deemed commercially or agriculturally unusable, the cost incurred by the property owner can run into the millions of dollars.

Figure 15: These five-gallon buckets from a meth lab contain a red-colored reaction liquid and "lye water," a strong alkali solution that will be added to the reaction liquid.

Source: Riverside County, CA, Sheriff's Department

The average cost of cleaning up a dump or lab site appears to be escalating as well. California authorities reported performing 2,088 initial cleanups of clandestine lab sites during 2000 at a cost of $4.3 million. While the number of clean-up sites in 2002 was smaller (1,846 sites), the total cost of performing the cleaning rose to $4.7 million. These shifts are explained by methamphetamine cooks' increasing sophistication, which enables the production of higher amounts of drugs at a single site. Some labs are now able to produce 100 pounds or more of methamphetamine per production cycle. This increased productivity leaves behind increased amounts of toxic waste, which can pollute the water supply and manifest itself in as-yet-unknown health and environmental consequences.[25]

Small, independent operators (sometimes called "mom and pop labs" or "small toxic labs") that produce ounce-size quantities of methamphetamine for local use and distribution account for the majority of the clandestine laboratory seizures in the United States. These labs initially emerged as a problem in the Midwest in the 1990s, using the relatively simple "Birch" method or the pseudoephedrine/iodine/red phosphorus methods of manufacturing methamphetamine. The proliferation of these small labs—which can be located in

Figure 16: Makeshift laboratory equipment and chemicals used in a small meth lab. Some of the more common chemicals found at meth labs include sodium hydroxide, methanol, acetone, isopropyl alcohol, ether (starting fluid), and charcoal lighting fluid.

Source: ©Drug Identification Bible

Figure 16a: A homemade punch used by a large-volume meth lab for removing over-the-counter tablets containing ephedrine or pseudoephedrine from blister packs.

Source: Riverside County, CA, Sheriff's Department

trailers, hotel rooms, or ordinary homes—has created many problems, including a dramatic increase in hazardous waste cleanups. The operational, financial, and manpower resources needed to combat the thousands of small clandestine drug labs in many parts of the country severely tax the resources of local police and sheriff's departments in smaller communities.

Thus, while the larger laboratories are of concern due to the amount of methamphetamine that can be produced and the concentration of toxic waste, the smaller toxic labs are of concern because they are so widespread. Furthermore, the potential for the public to be exposed to the toxic chemicals from these smaller laboratories is also much greater, since they are commonly found in either transient housing facilities or homes in residential neighborhoods. This fact also highlights what is probably the darkest side of the entire methamphetamine problem: drug-endangered children. In 2003, more than 3,000 children were found on site during law enforcement actions related to clandestine methamphetamine laboratories nationwide. Forty-one of these children were reported injured and one child was killed by explosions or fires at clandestine methamphetamine labs.[26]

Year	Methamphetamine Lab Related Incidents	Children Affected
2000	9,311	1,239
2001	13,839	2,345
2002	16,238	3,643
2003	16,506	3,625

Figure 17: Children Affected in Methamphetamine Laboratory Related Incidents, 2000-2003

2. MDMA/Ecstasy

Most of the MDMA consumed worldwide is produced in the Netherlands and, to a lesser extent, Belgium.[27] The United Nations Office on Drugs and Crime (UNODC) report *Ecstasy and Amphetamines: Global Survey 2003* states that 75 percent of responding countries indicated that the source of the MDMA seized in their country was the Netherlands. Belgium was the next most frequently mentioned country, appearing in the responses of 31 percent of the countries surveyed. Interpol reports that in 2001, 37 million MDMA tablets were seized worldwide. Of these, the Dutch reported that over 25 million, or approximately 68 percent, originated in the Netherlands. UNODC reports that total Ecstasy produced worldwide in 2002 was approximately 113 metric tons a year or 1.4 billion tablets. According to laboratory seizure data submitted to EPIC, there have never been more than 13 MDMA labs seized in the United States in a single year.[28]

Manufacturers in the Netherlands and Belgium have associated with organized crime syndicates from other European countries and Israel for distribution, with smugglers using methods such as express mail service, commercial air couriers, and air/sea freight.[29] Groups with ties to Southeast Asia

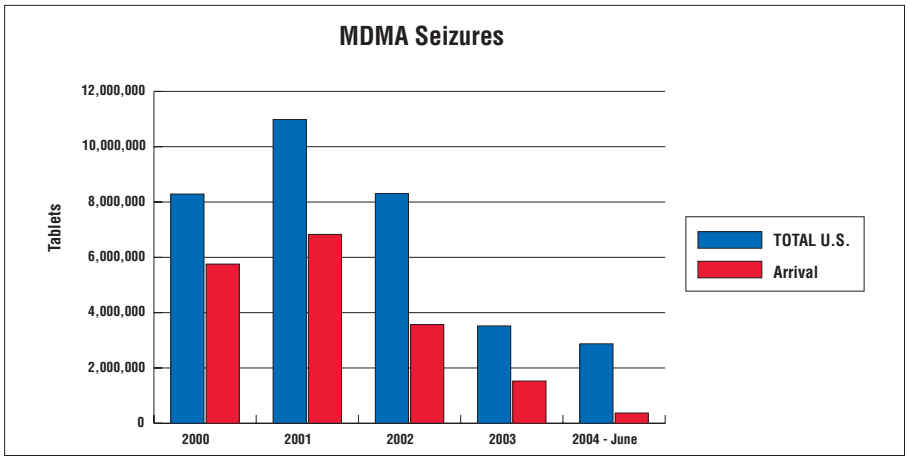

Figure 18: Total U.S. & Arrival Zone MDMA Seizures, 2000-2004

have also become heavily involved in the MDMA trade. Shipments to the United States typically contain 10,000 tablets or more, but, consistent with the patterns of declining use among young people, the total amount of MDMA entering the United States appears to be falling. As shown in Figure 18, annual aggregate seizures, both in the "arrival zone" (border area) and the rest of the country, have decreased in the past few years, reflecting the decline in usage.[30]

The ever-shifting routes used by MDMA traffickers require improved measures to monitor changes in the MDMA market. In 2000, 63 percent of MDMA tablets seized were smuggled into the United States by airline, 27 percent by express mail, and 10 percent by shipping. The departure points for these seized MDMA shipments were the Netherlands (77 percent), France (9 percent), Belgium (8 percent), Germany (3 percent), and Spain (3 percent).[31] In contrast, in 2003 26 percent of MDMA tablet were smuggled into the United States by airline, 19 percent by mail, 7 percent by express mail, 8 percent by shipping, and the remaining 40 percent by other means. The departure points for MDMA smuggled into the United States were the Netherlands (21 percent), Canada (18 percent), the United Kingdom (11 percent), France (6 percent), Germany (3 percent) and Belgium (2 percent).

Figure 19: Equipment for mixing glacial acetic acid, safrole, toluene, and other chemicals in a high-volume clandestine MDMA lab.

Source: Texas Department of Public Safety

The chemicals and equipment necessary to manufacture a kilogram of MDMA can cost as little as $500, but the process requires significantly more skill than the manufacture of methamphetamine.[32] It costs as little as 25 cents to produce a single MDMA pill that typically retails for $20-30, although prices vary widely. Retail prices per dosage unit in 2001 ranged from $10 to $60, and wholesale prices ranged from $5 to $17.

Quality and purity also vary, as MDMA is often cut with other substances such as caffeine, ephedrine, and dextromethorphan (DXM). Paramethoxymethamphetamine (PMA), a synthetic hallucinogen with potent stimulant effects, is also packaged and distributed as counterfeit or imitation MDMA. The DEA Source Determination Program's analysis of MDMA samples in 2000 revealed that 12 percent of the samples contained amphetamine or methamphetamine, but not MDMA; 5 percent contained no controlled substances; and 3 percent were determined to be other substances but were sold as ecstasy.[33]

According to DEA's System to Retrieve Information on Drug Evidence (STRIDE) data, Florida, New York, and California are the highest MDMA trafficking areas in the United States. Other states that have significant MDMA trafficking include New Jersey, Illinois, Georgia, Texas, Massachusetts, Virginia, and Washington, D.C.[34]

One region that appears to have a substantial connection to MDMA trafficking is Denver, Colorado. While most MDMA in Colorado comes from Europe (Belgium and the Netherlands), three MDMA labs were seized in Colorado in 2001.[35] Law enforcement officials have found that drug trafficking organizations are using Denver as a hub to reach several MDMA markets across the country, in cities such as Chicago, San Francisco, Detroit, and New York. The organizations involved have connections to the Middle East as well as Europe. In 2001, interagency task forces from the High Intensity Drug Trafficking Area (HIDTA) program took down an Israeli-run operation in the Denver region that was believed to be responsible for peddling more than 100,000 MDMA tablets each month.[36]

A dangerous new trend identified by the European Union's Police Organization, Europol, is the production of "super Ecstasy" pills with higher MDMA content than normal. These pills carry the normal logos and can be fatal to people used to normal doses. The extra heavy pills have been discovered in the Netherlands, Belgium, Denmark, and the United States.

3. Other Club Drugs

GHB is often manufactured clandestinely using recipes and ingredients obtained over the Internet. Most often the drug is consumed orally in liquid form (and rarely in powder, tablet, or capsule form). Individuals and organizations operating via the Internet commonly sell GHB analogues such as gamma butyrolactone (GBL) and 1,4-butanediol as "cleaning agents" in an attempt to mask their illicit activities. In 2001, a retail dose of GHB (by the capful, drops, etc.) sold for $5-$30.

Flunitrazepam (Rohypnol), which has never been approved for medical use in the United States, is smuggled from countries such as Mexico where it is legal and widely available. Reports of use, however, rapidly declined after 1996 legislation that increased penalties for trafficking in the substance.

Ketamine powder is not manufactured domestically, but is imported by U.S. firms from Germany—by far the largest source country—as well as from Colombia, China, and Belgium. U.S. firms process and package the powder into 10 mg/ml, 50 mg/ml, and 100 mg/ml injectable dosage forms. Ketamine reaches the illicit market by diversion from legitimate pharmaceutical sources or is obtained through burglaries of veterinary clinics (the most frequently reported source). Law enforcement officials have not encountered clandestinely manufactured ketamine, but ketamine smuggled from Mexico has been another significant source of supply to the illicit market.[37] However, thanks to coordinated law enforcement action in the United States and Mexico, key individuals within the ketamine-smuggling organization have been arrested, and the trafficking of ketamine from Mexico appears to be decreasing.

Licit ketamine is usually prepared in liquid formulations, and liquid is the primary form of illicit ketamine seized. Less frequently, street doses appear in crystal, powder, and, increasingly, tablet forms. Powder ketamine is obtained from pharmaceutical ketamine by evaporating off the liquid, and is snorted in 100 mg doses. A typical street package of ketamine powder (100 - 200 mg) sells for about $20. According to data collected from state and local forensic laboratories by the National Forensic Laboratory Information System (NFLIS), there were 2,126 cases associated with, and 1,387

drug items identified as, ketamine during 2002 (compared to 1,802 items in 2001 and 581 items in 2000). In 2002, this constituted roughly 12 percent of all club drug exhibits entered in the NFLIS database.

4. Other Synthetic Drugs and Diverted Pharmaceuticals

The illegal diversion, theft, and medical mismanagement of prescription drugs (particularly opioid pain medications) have increased and, in some areas, present a larger public health and law enforcement challenge than cocaine or heroin. According to the most recent National Survey of Drug Use and Health, the misuse of psychotherapeutic drugs—pain relievers, tranquilizers, stimulants, and sedatives—was the second leading category of illicit drug use in 2002, following marijuana. An estimated 6.2 million Americans (approximately 2.6 percent of the population age 12 and older) had used a psychotherapeutic drug for nonmedical reasons in the month prior to the survey. The bulk of this abuse involves narcotic analgesics—an estimated 4.4 million Americans are past-month (so-called current) nonmedical users of pain relievers.

Reports of the diversion and abuse of oxycodone in the brand pharmaceutical OxyContin have spread from the rural areas of the East to all regions of the United States, based on recent emergency room and law enforcement data. Common means of obtaining oxycodone include unscrupulous physicians and pharmacists, "doctor-shopping," and fraudulent and altered prescriptions. The number of pharmacies that have been robbed by criminals seeking OxyContin has increased dramatically as well.

Illicit PCP is primarily manufactured clandestinely in Southern California, with limited clandestine production occurring in Indiana and, more recently, in Maryland. Most of the PCP produced in Southern California is destined for distribution to other U.S. locations, primarily along the East Coast. New York is one of the largest mid-level distribution hubs for PCP. The availability of PCP appears to be sporadic, with high levels of availability recently in Philadelphia, Chicago, New York, Los Angeles, Texas, and Washington, D.C. Packaging, purity, and pricing vary greatly; PCP is typically sold for use in combination with marijuana, alcohol, and other licit and illicit products. According to data collected by DEA near the end of 2002, PCP-laced cigarettes sell for about $5-30 apiece; powder and liquid forms sell for about $20-30 per gram, and liquid ounces sell for $125-1,000. Wholesale prices for one gallon of liquid PCP are $6,500-8,000 in Los Angeles and $12,000-20,000 in New York.

Historically, LSD has been manufactured by a small number of chemists operating clandestine laboratories in California, but a very large lab was discovered and seized recently in the Midwest. LSD is available in almost every state, and the cost of a single dose, commonly referred to as a "hit," typically ranges from $1 to $10.

5. Internet Sales of Pharmaceuticals

In recent years, pharmacy websites have proliferated on the Internet; offering both controlled and non-controlled substances. While inappropriate online sales and misuse of non-controlled substances raise significant concerns, this Action Plan focuses on the sale and abuse of products containing controlled substances, notably the highly addictive narcotics hydrocodone (including Vicodin, on Schedule III) and Oxycodone (including OxyContin, on Schedule II). Obtaining controlled substances online is convenient—too convenient: The majority of online pharmacies offer to dispense drugs without valid prescriptions, making the Internet a haven for illicit drug-seekers.

Figure 20: A small glass vial containing about 3 cc's of liquid PCP. Smoking a cigarette that has been dipped in liquid PCP is the most common way of ingesting the drug.

Source: ©Drug Identification Bible

Figure 21: Most LSD seen on the street is in the form of blotter paper. The sheets of absorbent blotter paper are perforated into small squares and dipped into LSD that has been dissolved and diluted in alcohol. The blotter paper is often stamped with the distributor's trademark design.

Source: ©Drug Identification Bible

LSD being ingested via blotter paper on the tongue. Although the drug is almost always taken by means of oral absorption, it can also be injected, absorbed through the skin, or swallowed.

Source: ©Drug Identification Bible

Many sites substitute a simple online questionnaire for a face-to-face examination and patient supervision by a health care practitioner.

In a study released in early 2004, the National Center on Addiction and Substance Abuse (CASA) documented the explosion of illegal distribution of prescription drugs over the Internet. The exact number of online pharmacies is difficult to ascertain. Of 495 websites offering prescription drugs identified by the CASA study, only one-third were "anchor" sites, where customers actually purchase the drugs; the rest were "portal" sites that direct customers to anchor sites. The report found that 73% of drugs offered on these websites were Schedule II and III controlled substances. Regardless of the number of such websites, their predominant characteristic is that very few—6% in the CASA study—require customers to have a prescription in order to purchase drugs. The sites have no mechanism to prevent children from purchasing prescription drugs. About half of the sites offer only an online "consultation," an inadequate substitute which the American Medical Association has found not to meet appropriate standards of medical care.